

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			(Column 1)		(Column 2)			RATE	FEE	OR 7	RATE	FEE	
			AILMARER EUER		NUMBER EXTRA			BASIC FEE	 	1	BASIC FEE		
FOR			NUMBER FILED		NOWIDER EXTRA				-070.00	-IOH		740.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$ 9=		OR	X\$18=	 - 	
INDEPENDENT CLAIMS			<u> </u>	inus 3 =				.X42=		OR	X84=		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2						•	TOTAL		OR	TOTAL			
CLAIMS AS AMENDED - PART II (Column 1) (Column 2)					(Column 3)		SMALL	ENTITY	OR	OTHER SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE	
	Total	* 15	Minus	** 20)	=		X\$ 9=		OR	X\$18=		
	Independent	* 3 NTATION OF MU	Minus	***3	CLAIM	=		X42=		QR	X84=		
L	PINST PRESE	INTATION OF INIC	JETIPLE DEF	CINDEINI	CLAIVI			+140=		OR	+280=		
						* , *	-	TOTAL ADDIT. FEE		OR	TOTAL ADDIT FEE		
		(Column 1)		(Colur		(Column 3)				_	• •		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**.		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	CLAIM	= [-]		X42=		OR	X84=		
L	PINST PRESE	NTATION OF MU	JETIPLE DEF	CINDCINI	CLAIN			+140=		OR	+280=		
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	f	
		(Column 1)		(Colun	nn 2)	(Column 3)	,					·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	İ	X\$ 9=		OR	X\$18=	·	
	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		-	1110-			+280=		
*	f the entry in colur	mn 1 is less than th	e entry in colu	mn 2, write	"0" in col	umn 3.	L	+140= TOTAL		OR	TOTAL	<u> </u>	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													





PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

50090-295

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL EI	OR		THER THAN		
TOTAL CLAIMS			15				RATE	FEE	i	RATE	FEE	
FOR			NUMBER FILED		NUMBI	ER EXTRA	BASIC FEE	355.00	OR	BASIC FEE	710.00	
TC	TAL CHARGEA	BLE CLAIMS	/5 minus 20= *		*	0	X\$ 9=		OR	X\$18=	0	
INE	EPENDENT CL	AIMS	3 minus 3 = * (X40=			X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								OR		0		
* If the difference in column 1 is less than zero, enter "0" in column 2						+135=		OR	+270=	211		
							TOTAL		OR	TOTAL	71019	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					(Column 3)					THAN ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	-	=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40=		OR	X80=		
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEP	ENDENT	CLAIM		+135=		OR	+270=		
		The state of the s					TOTAL			TOTAL		
	(Column 1) (Column 2) (Column 3)						ADDIT. FEE ADDIT. FEE					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	ent with the property of the control	HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=	A TH	OR	X\$18=	4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
	Independent	*	Minus	***		=	X40=		OR	X89≟	*	
<u> </u>	FIRST PRESE	NTATION OF MU	JUIPLE DEP	ENDENI	CLAIM		+135=		OR	+270=		
							TOTAL			TOTAL	* * * * * * * * * * * * * * * * * * *	
		(Column 1)		(Colur	mn 2)	(Column 3)	ADDIT. FEE I	1.		ADDIT. FEE		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	Company of the compan	HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***	T OL 4/14		X40=		OR	X80=		
<u>L</u> .	LINOI PHESE	NTATION OF MI	JLI IPLE DEF	ENDEN	CLAIM		+135=		OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												